

AFFIDAVIT - LIGHTNING LOSSES

DATE_____

To Whom It May Concern:

I inspected/repaired (Item damaged) _____

Model Number:_____ Serial Number_____ Year Model_____

Date of Purchase_____ Purchase Price_____ Size_____

Place Purchased_____

Owned by (name of insured)_____

Address_____

Date of Loss_____ Time of Loss_____

Are damaged item(s) available for inspection?_____ If yes, where_____

If no, why not_____

This damage was solely due to lightning and no other cause whatever because_____

Repairer's name_____

Firm name_____

Firm address_____

Phone Number_____

Kentucky Department of Insurance